	Born in Cle	eveland YES	E NO						
E									
ARNOLD									
Tel. <u>774-1221</u> , Ext. 3117									
	CLASS	DO NOT WRITE IN THESE COLUMNS							
t	4	356	R						
	4	357	R						
	4	358	A						
Use second blank if required									

## Collaborator if any Artist PAUL B. ARNOLD Artist FIRST NAME LAST NAME Address Allen Art Museum Oberlin Lorain Tel.771,—1221, NO. STREET CITY ZONE COUNTY Ext. 3117

Out-of-town residents should state whether return shipment is required. YES X NO

FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

THE CLEVELAND MUSEUM OF ART

MAY 8 to JUNE 16, 1963

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
16	.20	45.00	BOY WITH BULL	Woodcut	4	356 8
14	20	55.00	BULL WITH BIRDS	11	4	3577
11	20	55.00	ANCIENT HERDER	11	4	358 WA
					2	

## SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

**IMPORTANT** 

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE